

Registered pharmacy inspection report

Pharmacy Name: Modi Pharmacy, 118 Colley Gate, HALESOWEN,
West Midlands, B63 2BU

Pharmacy reference: 1038351

Type of pharmacy: Community

Date of inspection: 10/03/2020

Pharmacy context

This community pharmacy is located in a residential area on the outskirts of Halesowen. It dispenses prescriptions and sells a range of over-the-counter (OTC) medicines. The pharmacy supplies some medicines in multi-compartment compliance aid packs, to help make sure people take them at the correct time and it offers a home delivery service. The pharmacy provides several additional services including Medicines Use Reviews (MURs) and a local minor ailments scheme. A substance misuse treatment service and a needle exchange service are also both available.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies and manages risks adequately and its team members are clear about their roles. The pharmacy has written procedures, to help make sure team members complete tasks safely. But the procedures are not regularly reviewed, so team members may not always have access to the most up to date information. The pharmacy maintains the records it needs to by law. And its team members understand how to protect people's private information and raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering operational tasks and activities. The procedures had surpassed their review date. The pharmacist said that he had reviewed the procedures when he took over the business in 2019. But some procedures still contained outdated information, such as the contact details of the previous owner, which were no longer applicable. A dispenser estimated that she had last read the procedures approximately four years ago. Through discussion both dispensers were able to demonstrate a clear understanding of their responsibilities, including the activities which were permissible in the absence of a responsible pharmacist and they were observed to work within their role during the inspection. The pharmacy had professional indemnity and public liability insurance which was valid until July 2020.

Near misses were recorded electronically. But some near misses were not captured, which may mean that some underlying trends are not detected. The pharmacist reviewed a near miss report at the end of each month to help identify any measures that could be implemented to reduce the risk of the same mistake happening again. He discussed how the layout of the pharmacy was planned to help ensure that 'look alike, sound alike' medicines were clearly segregated. A recent incident where a post-dated prescription had been supplied was discussed. This had also been escalated to the accountable officer through the controlled drugs (CD) incident reporting system, as it involved diazepam.

The pharmacy had a complaint procedure, but this was not clearly advertised, so people may not be aware of how concerns can be raised. Pharmacy team members said that complaints would be referred to the pharmacist. The pharmacy also participated in an annual Community Pharmacy Patient Questionnaire (CPPQ) and team members said that feedback was usually positive.

The correct RP notice was displayed by the medicine counter. The RP log was suitably maintained, but there was a missing entry for 8 February 2020, so it was not fully compliant. Private prescription and emergency supply records were in order and specials procurement records provided an audit trail from source to supply. CD registers maintained a running balance and checks were usually completed with each receipt and supply. A patient returns CD destruction register was available.

The pharmacy had some information and procedures covering the General Data Protection Regulation (GDPR) and a dispenser said that confidentiality had been discussed with her when she began employment. Due to the location of the consultation room, the dispenser was aware to minimise the

computer screen if a person was walking through the dispensary to access the room and changes had been made to the owing system to remove prescription forms from view. Confidential waste was segregated and removed by an external contractor for suitable destruction and other confidential materials were suitably secured on the day. Team members had access to their own NHS smartcards and appropriate use was seen during the inspection.

The pharmacist had completed safeguarding training and had access to the contact details of local safeguarding agencies. He discussed some of the types of concerns that might be identified and said that no concerns had been escalated to date.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members hold the appropriate qualifications for their roles or complete suitable training. Team members work together well as a team and they get some access to ongoing learning to support their development.

Inspector's evidence

On the day of the inspection, the regular pharmacist, who was also the superintendent pharmacist was working alongside two dispensers. One of the dispensers was completing training through an accredited training provider. The pharmacy employed three other dispensers, one of whom was a registered pharmacist from outside of the United Kingdom (UK) who was completing eligibility checks as part of enrolment on an Overseas Pharmacist Assessment Programme (OSPAP). The pharmacy team members managed the workload adequately throughout the inspection. Leave was planned in advance and authorised by the pharmacist, who restricted leave to help ensure that suitable staffing levels were maintained. Cover was arranged amongst the pharmacy team members and this was demonstrated on the day, as one of the part-time dispensers was providing cover for a full-time employee who was on annual leave.

The team discussed the sale of medication from the pharmacy. A dispenser explained the questions that she would ask to help ensure a sale was safe and appropriate. Concerns were referred to the pharmacist. The dispenser discussed frequent requests for medications including Nurofen Plus and the team discussed other high-risk medications which were monitored.

Pharmacy team members were trained for the roles in which they were working or were completing accredited training. The pharmacist said that training time was offered to support the completion of accredited training programmes and the team had access to some ongoing learning. The team attended local training events outside of working hours and they also completed some online modules using Virtual Outcomes. A recent module on sepsis had been completed and other events discussed included healthy living training and an alcohol awareness course. But the pharmacy did not keep comprehensive training records. So, the pharmacy may not always be able to clearly demonstrate how its team members maintained their knowledge and skills. Team development was reviewed on an ongoing basis, with formal appraisals planned in the future.

There was an open dialogue amongst the team, who communicated through a group WhatsApp and were happy to approach the pharmacist in charge. The dispensers were unsure of how they might be able to raise a concern anonymously, which might restrict their ability to raise a concern in this manner. They said the need for this had not occurred. The pharmacist confirmed that there were no targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is well maintained and provides a suitable environment for the provision of healthcare. It has a consultation room to enable it to provide members of the public with access to an area for private discussions. But, this is not advertised so people may not always be aware of its availability.

Inspector's evidence

The pharmacy was well presented, clean and suitably maintained. Any maintenance issues were escalated to the pharmacist, who arranged for any necessary repair work to be completed. There was adequate lighting throughout the premises and the temperature was suitable for the storage of medicines.

The retail area was tidy and looked professional. Chairs were available for use by people waiting for their medicines and a range of health promotion literature was placed nearby. The pharmacy sold stock which was suitable for a healthcare-based business and pharmacy medicines were secured behind the medicine counter.

The pharmacy had a consultation room located at the rear of the premises. The room was not clearly advertised, so people may not always be aware that it is available. The consultation room was fitted with a desk and seating and it was suitably maintained.

The dispensary had adequate space for the provision of pharmacy services. Large work benches surrounded the dispensary and there were separate defined areas for dispensing and checking. A middle island bench was also available for additional dispensing space and there was good use of shelving and drawers providing suitable space for the storage of medicines. The dispensary also had a separate sink which was equipped with appropriate cleaning materials and other areas of the pharmacy including staff facilities and storage space were appropriately maintained.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible, and they are suitably managed. It sources medicines appropriately and its team members carry out some checks to help make sure medicines are fit for supply, but some of these checks could be more robust. And the pharmacy does not always identify prescriptions for high-risk medicines, so some people may not always get all the information they need about their medicines.

Inspector's evidence

The pharmacy was accessed via a step from the main street. A portable ramp facility was not available, which may restrict access for some individuals with mobility issues. The pharmacy computer system could produce large print labels to help people with visual impairment.

There was limited advertising of the pharmacy's services. A practice leaflet was available but it contained out of date information, which needed to be reviewed. The pharmacist said that team members would make people aware of services such as the minor ailments scheme verbally. And the team had access to internet resources to support signposting.

Prescriptions were segregated using coloured baskets, to prioritise the workload and help prevent medicines from being mixed up. The pharmacy used stickers to identify prescriptions for CDs and fridge medications and a 'pharmacist' sticker was used to indicate where the pharmacist wished to provide additional counselling. The pharmacist explained that he would use this for some supplies of high-risk medications, such as a new initiation of warfarin, but he did not do this consistently for all supplies of high-risk medicines. The pharmacy had recently completed an audit on the supply of valproate-based medicines to people who may become pregnant. The pharmacist said that he had contacted people who fell within the 'at-risk' criteria, but this had not been recorded on the patient medication record (PMR) system. The pharmacy had the necessary safety literature to supply with valproate-based medicines.

The pharmacy kept basic audit trails of repeat prescriptions requested from GP surgeries so that unreturned requests could be identified. Some requests were sent to the GP surgery via fax. A cover sheet was not used as part of this process to help protect confidential information. Prescriptions for people using multi-compartment compliance aid packs were ordered in the same manner. Each patient had a master record sheet, which was updated to reflect any changes made to their medicines. Completed packs were labelled with descriptions of individual medicines, but dispensing audit trails were not always completed, and patient leaflets were not always supplied in line with requirements. Prescription deliveries were not routinely signed for, with the exception of CDs, where a signature was obtained. So, records may not always be available in the event of a query. The delivery driver confirmed that medications from failed deliveries were returned to the pharmacy.

The pharmacist used the computer system to identify people who may be suitable for MURs. Uptake of other services was limited. The pharmacy provided pre-packed needle exchange kits and records of supplies were maintained. Returns were encouraged and a designated sharps bin was available for use. The pharmacist had received a hepatitis b vaccination for personal protection from needle stick injuries but was unsure about other team members.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock medications were arranged in an organised manner and were stored in their original packaging. Date checking processes were discussed, but recent records had not been maintained and a small number of expired medicines were identified from random samples of the dispensary shelves. The medications were immediately removed from the shelves and placed in designated pharmaceutical waste bins. The pharmacy had the necessary hardware and software to enable compliance with the European Falsified Medicines Directive (FMD), but the processes had not yet been implemented in the pharmacy and the SOPs had not been updated. Alerts for the recall of faulty medicines and medical devices were received electronically and an audit trail was maintained, confirming that alerts had been actioned.

CDs were suitably secured. The CD cabinet had not been recently date checked and an expired medicine was identified amongst stock. This was segregated by the pharmacist on the day. The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded each day, and the fridge was within the recommended temperature range.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the equipment it needs to provide its services and team members use the equipment in a way that protects privacy.

Inspector's evidence

The pharmacy had a range of ISO approved and crown stamped glass measuring cylinders. Separate measures were marked for use with CDs. Counting triangles were available for use with loose tablets and equipment seen on the day was clean and appropriately maintained. Access was available to some pharmaceutical reference texts and internet access was available to support further research.

Electrical equipment was in working order. The pharmacist agreed to review whether an up-to-date PAT test was required, as some stickers indicated that a test may be overdue. Screens were located out of public view and the team said they would minimise the dispensing screens if someone was walking through to the consultation room. A cordless phone was available to enable conversations to take place in private.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.